

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Northage
City Northage

Registration District No. 408

Primary Registration District No. 3020

File No. 1413

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Angie - Clemine - Lambeth

(a) Residence, No. Lawson Mo - St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

4

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Joseph. N. Lambeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 17 - 1871

7. AGE

YEARS

60

MONTHS

2

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home Duty

10. Date deceased last worked at this occupation (month and year)

1898

11. Total time (years) spent in this occupation

29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mich.

13. NAME

Enter H. Hazel

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Stella C. Lambeth

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Harvey

DATE

Jan.

1932

19. UNDERTAKER (ADDRESS)

Lawson Mo

20. FILED

1/12

1932

E. H. Ditcham

Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 8, 1932

22. I HEREBY CERTIFY That I attended deceased from

Jan 3, 1932, to Jan 8, 1932.

I last saw him alive on Jan 8, 1932. Death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Post operative shock.

Date of onset

1-8-32

Other contributory causes of importance:

Major operation.

Name of operation Hysterectomy

Date of 1-5-32

What test confirmed diagnosis? Lab.

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

M. G. R.

, M. D.

(Address)

Lawson Mo.

U.S. C

U.S. C

U.S. C

N. B.—Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shaver
Township Carthage
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3028

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE DATE 19...		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>3-7</u> 19 <u>32</u> <u>E. H. Schum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>1-8</u> 19 <u>32</u>
22. I HEREBY CERTIFY, That I attended deceased from	
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.	
The principal cause of death and related causes of importance were as follows:	
<u>Post operative shock</u> Date of onset	
<u>Complete prolapse of uterus - evoked cervix</u>	
Other contributory causes of importance:	
<u>Major operation</u>	
<u>Microscopic ex - Chronic cystic endometritis</u>	
Name of operation <u>Hysterectomy</u> Date of	
What test confirmed diagnosis? <u>Lab</u> Was there an autopsy?	
23. If death was due to external causes (violence), fill in also the following:	
Accident, suicide, or homicide Date of injury 19.....	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) M. D.	
(Address)	

S-1413